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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2005 30 2005 1 1 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 03 13 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D " D 0 1 2005 1,1 3 0 2005 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2005 313215.30 January 1 (b) Cash on Hand at 392984.24 Begining of Reporting Period ..... 121619.01 583616.18 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 514603.25 896831.48 6(a) and 6(c) for Column B) ..... 21873.35 404101.58 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 492729.90 492729.90 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 3<sup>D</sup>0 м N 1 1 м м 1 1 2005 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 109060.00 514206.77 (i) Itemized (use Schedule A) .......... 12503.75 63894.25 (ii) Unitemized ..... (iii) TOTAL (add 121563.75 578101.02 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 121563.75 578101.02 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 55.26 5515.16 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 121619.01 583616.18 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 121619.01 583616.18

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	5.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1070.05	10005.00
	Expenditures	1373.35	13935.33
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1373.35	13935.33
22.	Transfers to Affiliated/Other Party		
22	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	20500.00	388000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
20	Lean Denominante Made	0.00	0.00
∠6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	2166.25
	Than Political Committees	0.00	2166.25
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)  (d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2166.25
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21873.35	404101.58
32.	Total Federal Disbursements		
, <u>-</u> .	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	21873.35	404101.58

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	121563.75	578101.02
34. Total Contribution Refunds (from Line 28(d))	0.00	2166.25
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121563.75	575934.77
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1373.35	13935.33
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1373.35	13935.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			CONTRACTOR TOTAL SHOTLE COMMITTEE.
Full Name (Last, First, Middle Initial) Belu Allam Mailing Address 17202 Red Oak Drive  City Houston  FEC ID number of contributing federal political committee.	Suite 312 State TX	Zip Code 77090-2639	Date of Receipt    M
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupatio Ophthalr Aggregate		PAC 4th of 4
Full Name (Last, First, Middle Initial)  R. David Allara  Mailing Address Suite 11  310 35th Street Souther  City  Charleston  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	State WV  C Occupatio Ophthalr		Date of Receipt    M
Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address the Focus Center 20 Mule Road City Toms River  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NJ C Occupatio Ophthalr Aggregate		Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)			432.50
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
A. 3.	colf	State UT  C Occupation Ophthaln		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>.</b>	Mailing Address 2015 N Main Street  City Wheaton  FEC ID number of contributing federal political committee.  Name of Employer self	State IL  C  Occupation Ophthaln Aggregate		Transaction ID: EV0CFD775339  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
<b>D</b> .	colf	State OK  C Occupation Ophthaln		Date of Receipt  M M M / 22 / 2005  Transaction ID: 48XR39332871  Amount of Each Receipt this Period  370.00  Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)		······•	1735.00
T	OTAL This Period (last page this line number only	<b>/</b> )	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	I Committee (OPHTHPAC)	
A. 3.	Full Name (Last, First, Middle Initial) Amir Arbisser  Mailing Address 777 Tanglefoot Lane  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Amir Arbisser  Mailing Address 777 Tanglefoot Lane	State IA  C  Occupation Ophthaln Aggregate		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City  Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State IA  C Occupation Ophthaln Aggregate		Transaction ID: 48XPIF033706  Amount of Each Receipt this Period  91.25  Batch Tool - PAC
<b>D.</b>	Full Name (Last, First, Middle Initial) Lisa Arbisser  Mailing Address 777 Tanglefoot Lane  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State IA  C  Occupation Ophthaln Aggregate		Date of Receipt    M M M
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	307.50
T	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 96 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person properties of any political committee to	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology I			CONTROL OF THE PROPERTY OF THE
<b>A</b> .	Full Name (Last, First, Middle Initial) Colin Arnold Mailing Address Suite 105 7501 Hospital Drive City Sacramento FEC ID number of contributing federal political committee.  Name of Employer self Receipt For:	State CA C Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Joe Arterberry  Mailing Address Suite 110 224 E Broadway  City  Louisville  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State KY  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	Full Name (Last, First, Middle Initial)  Todd Auker  Mailing Address Auker Eye Inst 2324 Santa Rita Road S  City  Pleasanton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State CA  C Occupation Ophthalm		Date of Receipt    M   M
SI	UBTOTAL of Receipts This Page (optional)		·····	1591.25
T	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 96 (check only one)
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  N. Douglas Baker			Date of Receipt
Mailing Address Ophthalmic Surgeons a 262 Neil Avenue Suite 4		ant	11 09 2005
City	State	Zip Code	Transaction ID: EUZZZD425465
Columbus	OH	43215-7309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:	<u> </u>	e Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Sterling Baker			Date of Receipt
Mailing Address 4215 N Classen Boulevard			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: EUZXEC354336
Oklahoma City	OK	73118-2428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial)  C. Ray Balyeat			Date of Receipt
Mailing Address the Williams Medical Pl 2000 S Wheeling Avenu			11 02 7 2005
City	State	Zip Code	Transaction ID: EUZN1Y455173
Tulsa	OK	74104-5641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		865.00	
SUBTOTAL of Receipts This Page (optional)			1365.00
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 11/96
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• •			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		me and add	dress of any political committee to	solicit contributions from s	uch committee.
/	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Anthony Barri			Date of Receipt	
	Mailing Address 489 Route 184; Suite 100	)		M M / D D D 1 1 4	2005
	City	State	Zip Code	Transaction ID: EV	066K278268
	Groton	CT	06340-6227	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer self	Occupation	1	Batch Tool - PAC	
	self	Ophthalm			
	Receipt For:		Year-to-Date ▼		
	Primary General	· · ·	365.00		
	Other (specify) ▼		303.00		
3.	Full Name (Last, First, Middle Initial) Roger Alfred Barth			Date of Receipt	
	Mailing Address 160 Heritage Way			M M / D D D 1 8	2005
	City	State	Zip Code	Transaction ID: EV	0CFD147370
	Kalispell	MT	59901-3161	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer	Occupation	1	Batch Tool - PAC	
	-	Ophthalm			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
			· · · · · · · · · · · · · · · · · · ·		
Э.	Full Name (Last, First, Middle Initial) Arthur Basham			Date of Receipt	
	Mailing Address 212 Oak Meadow Drive			M M / D D D 1 1 1 2 8	2005
	City	State	Zip Code	Transaction ID: 48	(ZL1331898
	Los Gatos	CA	95032-4407	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	colf ' '	Occupation		Batch Tool - PAC	
		Ophthaln			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
	Carior (opoon)) \	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)				1230.00
Т	OTAL This Period (last page this line number only	v)			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	: Political	Committee (OPHTHPAC)	
Α.	self  Receipt For:	State IL C Occupation Ophthalm Aggregate		Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	0 0	515.00	
3.	Full Name (Last, First, Middle Initial) John Berreen Mailing Address 63349 Saddleback Drive			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bend	State OR	Zip Code 97701-8566	Transaction ID: 48XZL1937784  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37701-0300	365.00
	solf '	Occupation Ophthalm		Batch Tool - PAC
	Primary General Other (specify) ▼	99 79	365.00	
— Э.	Full Name (Last, First, Middle Initial) J. Mark Berry			Date of Receipt
	Mailing Address Suite 206 12709 Toepperwein Road		7'n Oada	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Live Oak	State TX	Zip Code 78233-3258	Transaction ID: EUZXK7270741  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	solf '	Occupation Ophthalm		Batch Tool - PAC
	Primary General Other (specify)	Aggregate	500.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
т.	OTAL This Period (last page this line number only	<i>(</i> )		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	no Political	Committee (OPHTHPAC)	
_	. , ,	TIC FUIILICAI	Committee (OFTTTIFAC)	
۹.	Full Name (Last, First, Middle Initial) James Bobrow			Date of Receipt
	Mailing Address Suite 304 211 N Meramec Avenue			11 02 2005
	City	State	Zip Code	Transaction ID: EUZN1Y874222
	Clayton	MO	63105-3745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Jaime Bravo			Date of Receipt
	Mailing Address 165 Calle Reina Isabel La Villa De Torrimar			11 09 7 2005
	City Guaynabo	State	Zip Code	Transaction ID: EUZZZD711617
	(HI2Vn2n0	PR	00969-3284	Amount of Each Receipt this Period
	<u> </u>		00303 3204	Amount of Each Necept this Feriod
	FEC ID number of contributing federal political committee.	C	00000 0204	500.00
	FEC ID number of contributing		n	
	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:	Occupation Ophthaln	n	500.00
	FEC ID number of contributing federal political committee.  Name of Employer self	Occupation Ophthaln	n nologist	500.00
 C.	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General	Occupation Ophthaln	n nologist e Year-to-Date ▼	500.00
C.	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive	Occupation Ophthaln	n nologist e Year-to-Date ▼ 500.00	Date of Receipt  1 1 1 6 2 0 0 5
<b>-</b>	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City	C Occupation Ophthalm Aggregate	n nologist e Year-to-Date ▼ 500.00	Date of Receipt    M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City Tupelo	C Occupation Ophthalm Aggregate State MS	n nologist e Year-to-Date ▼ 500.00	Date of Receipt  1 1 1 6 2 0 0 5
<b>C</b> .	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City Tupelo  FEC ID number of contributing federal political committee.	C Occupation Ophthaln Aggregate State MS	n nologist e Year-to-Date ▼  500.00  Zip Code 38801-4947	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City Tupelo  FEC ID number of contributing federal political committee.  Name of Employer self	Occupation Ophthaln Aggregate  State MS  C  Occupation Ophthaln	n nologist e Year-to-Date ▼  500.00  Zip Code 38801-4947	Date of Receipt    M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City  Tupelo  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General	Occupation Ophthaln Aggregate  State MS  C  Occupation Ophthaln	n nologist e Year-to-Date ▼  500.00  Zip Code 38801-4947	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) William Brawner Mailing Address 610 Brunson Drive  City Tupelo  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:	Occupation Ophthaln Aggregate  State MS  C  Occupation Ophthaln	n nologist e Year-to-Date ▼  500.00  Zip Code 38801-4947	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.	FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) William Brawner  Mailing Address 610 Brunson Drive  City  Tupelo  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General	C Occupation Ophthalm Aggregate MS C Occupation Ophthalm Aggregate	Zip Code 38801-4947  nologist e Year-to-Date ▼  500.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
΄ Α.	Full Name (Last, First, Middle Initial) Jon Philip Brisley			Date of Receipt
	Mailing Address 6522 Fairway Forest Dri	ve		11 06 7 2005
	City Roanoke	State VA	Zip Code 24018-7446	Transaction ID: 1X3DLZHYUZUEW
	FEC ID number of contributing federal political committee.	C	24010-7440	Amount of Each Receipt this Period  200.00
	Name of Employer self	Occupation		PACWEB GENERATED CONTRIBU- TION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Jill Brody			Date of Receipt
	Mailing Address McDonough Eye Assoc 505 E Grant Street City	State	Zip Code	1 1 0 8 2 0 0 5
	Macomb	IL	61455-3352	Transaction ID: 1YABWRLRXZUE4  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU- TION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) James Brown			Date of Receipt
	Mailing Address 305 Hospital Road			11 1 14 2005
	City Starkville	State MS	Zip Code 39759-2155	Transaction ID: EV066K833371  Amount of Each Receipt this Period
	FEC ID number of contributing	C	00700 2100	365.00
	federal political committee.			
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Name of Employer	Occupation Ophthaln		Batch Tool - PAC
S	Name of Employer self  Receipt For: Primary General	Occupation Ophthaln Aggregate	nologist e Year-to-Date ▼ 365.00	1065.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial)  M. Todd Brown  Mailing Address Gaston Eye Assoc 2325 Aberdeen Boulevar  City  Gastonia  FEC ID number of contributing federal political committee.  Name of Employer self	State NC C		Date of Receipt  M M M / 16 2005  Transaction ID: HEEV08TBO13GU1  Amount of Each Receipt this Period  500.00  PACWEB GENERATED CONTRIBUTION
	Receipt For: Primary General Other (specify)	Ophthaln Aggregate	nologist e Year-to-Date ▼  500.00	
3.	Full Name (Last, First, Middle Initial) Reay Brown  Mailing Address Suite 250 993-D Johnson Ferry Ro City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State GA  C  Occupation Ophthaln	Zip Code 30342-1602	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ο.	Full Name (Last, First, Middle Initial) G. Edward Bryant Mailing Address 303 West Polk Street  City West Memphis  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State AR  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1365.00
T	OTAL This Period (last page this line number or	nlv)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 96 (check only one)    X	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)		
A. 3.	City  Wilkes Barre  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Miles Burke	Name (Last, First, Middle Initial) k Bucci ng Address 158 Wilkes Barre Township Boulevar  State Zip PA 187 ID number of contributing ral political committee.  The of Employer Occupation Ophthalmologist Primary General Other (specify) ▼  Name (Last, First, Middle Initial) S Burke		State Zip Code PA 18702-6704  f contributing ommittee.  C  Occupation Ophthalmologist Aggregate Year-to-Date  First, Middle Initial)	Date of Receipt    M   M   D   D   2 0 0 5     Transaction ID: EV08XX835111     Amount of Each Receipt this Period   100.00     Batch Tool - PAC     Date of Receipt   M   M   D   D   2 0 0 5     1 1   0 2   2 0 0 5
	City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State OH  C Occupation Ophthaln Aggregate		Transaction ID: EUZN1Y369627  Amount of Each Receipt this Period  365.00  Batch Tool - PAC	
<b>D.</b>	Full Name (Last, First, Middle Initial) Carlos Buznego  Mailing Address Suite 400E 8940 N Kendall Drive  City Miami  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State FL  C  Occupation Ophthaln Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
s	UBTOTAL of Receipts This Page (optional)			590.00	
T	OTAL This Period (last page this line number on	lv)	<b></b>		

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 96
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Louis Cantor			Date of Receipt
	Mailing Address Suite 3005 550 N University Boulevard City State			11 22 4 2005
			Zip Code	Transaction ID: 48XR39833524
	Indianapolis	IN	46202-5149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Descipt For	Ophthaln		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		465.00	
3.	Full Name (Last, First, Middle Initial) Stephen Cassis	Date of Receipt		
	Mailing Address 301 49th Street Southea	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 48XZL1676565
	Charleston	WV	25304-1909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Peter Cetta			Date of Receipt
	Mailing Address 10 W Hanover Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZXMI244623
	Randolph	NJ	07869-4221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	1
	Primary General		200.00	
	Other (specify) ▼	0 0	300.00	
S	UBTOTAL of Receipts This Page (optional)			1165.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Denise Chamblee			Date of Receipt
	Mailing Address 11800 Rock Landing Driv	/e		11 28 7 2005
	City	State	Zip Code	Transaction ID: 48XZL1378740
	Newport News	VA	23606-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Kenneth Paul Cheng			Date of Receipt
Mailing Address 1000 Stonewood Drive Suite 310				11 28 2005
	City	State	Zip Code	Transaction ID: 48XZL1165115
	Wexford	PA	15090-8386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Laurie Christensen			Date of Receipt
	Mailing Address 3333 Southwest 78th			11 09 2005
	City	State	Zip Code	Transaction ID: EUZZZD697144
	Portland	OR	97225-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		······	1500.00
	,		•	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ry information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
<b>A</b> .	Full Name (Last, First, Middle Initial) Grace Cinciripini  Mailing Address 514 - 34th Avenue  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State WA  C Occupatio Ophthalr Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Sander M. Zeskin Cohen  Mailing Address Suite 11  509 S Lenola Road  City  Moorestown  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State NJ C Occupatio Ophthalr Aggregate		Date of Receipt    M M
<b>)</b>	Full Name (Last, First, Middle Initial) Thomas Conklin  Mailing Address Suite 22 294 E Moana Lane  City Reno  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NV C Occupatio Ophthaln Aggregate		Date of Receipt    M
s	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 96
ITEMIZED RECEIPTS	•	or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			
Full Name (Last, First, Middle Initial)  4. Curtis Cornelius			Date of Receipt
Mailing Address 26 Calle Del Sol			11 09 7 2005
City Placitas	State NM	Zip Code 87043-9209	Transaction ID: EUZZZD147681  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.0.0000	150.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Edgar Dapremont	<b>'</b>		Date of Receipt
Mailing Address PO Box 6545		111 22 7 2005	
City	State	Zip Code	Transaction ID: 48802-98841494321824
Gulfport	MS	39506-6545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 PAC 4th of 4
Name of Employer self	Occupatio Ophthalr		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial)  Elliot Davidoff			Date of Receipt
Mailing Address Center for Sight 1371 W Main Street			1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: EV08XX820677
Newark	OH	43055-3681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupatio Ophthalr	nologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 730.00	
SUBTOTAL of Receipts This Page (optional)			765.00
TOTAL This Period (last page this line numb	er only)		
show have page the mile halle	//		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21/96
	EMIZED RECEIPTS		or each category of the	(check only one)	🗆
•			Detailed Summary Page	X   11a   11b   13   14	11c   12 15   16   17
Ar	ny information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
\	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Thomas Moore Davis			Date of Receipt	
	Mailing Address 700 Helen Keller Bouleva	ard		11 / 28	2005
	City	State	Zip Code	Transaction ID: EV	
	Tuscaloosa	AL	35404-2960	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERA TION	ATED CONTRIBU-
	Receipt For:		Year-to-Date <b>V</b>		
	Primary General Other (specify) ▼	7 gg. ogale	615.00		
 3.	Full Name (Last, First, Middle Initial) Robert Deitch			Date of Receipt	
٠.	Mailing Address 3583 Brumley Way	M M / D D D 1 1 1 7	2005		
	City	City State Zip Code			0AQE415946
	Carmel	IN	46033-3017	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer	Occupation	า	Batch Tool - PAC	
	self	Ophthaln	•		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	365.00		
 C.	Full Name (Last, First, Middle Initial) Anthony DeMarco			Date of Receipt	
	Mailing Address Suite 110 1010 Prince Avenue			M M / D D D 1 1 1 2 2	2005
	City	State	Zip Code	Transaction ID: 48>	
	Athens	GA	30606-5811	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				865.00
			<u> </u>		
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Lisa sanarata sahadula(s)	FOR LINE NUMBER: PAGE 22 / 96	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)		
Full Name (Last, First, Middle Initial) Patrick Dennis  Mailing Address 116-B Ashley Avenue	e		Date of Receipt	
City	State	Zip Code	1 1 2 2 2 0 0 5 Transaction ID: 48802-67071169614792	
<u>Charleston</u>	SC	29401-1249	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self	Occupatio Ophthalr		PAC 4th of 4	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial)  William Deutsch	<u>'</u>		Date of Receipt	
Mailing Address Suite 918  1725 West Harrison	Mailing Address Suite 918 1725 West Harrison Street			
City	State	Zip Code	Transaction ID: 48Y1MS339424	
Chicago	<u>IL</u>	60612-3841	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00  Batch Tool - PAC	
Name of Employer self	Occupatio Ophthalr		Balch 1001 - PAC	
Receipt For:		e Year-to-Date ▼		
Primary General Other (specify) ▼		500.00		
Full Name (Last, First, Middle Initial) C. Christopher Dickens			Date of Receipt	
Mailing Address Suite 103 491 30th Street			11 1 14 2005	
City	State	Zip Code	Transaction ID: EV05PS726235	
Oakland	CA	94609-3235	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		300.00  Batch Tool - PAC	
Name of Employer self	Occupatio Ophthalr		Batter 1901 1710	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00		
SUBTOTAL of Receipts This Page (optional)			1050.00	
TOTAL This Period (last page this line number	er only)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 23 / 96
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) John Downing			Date of Receipt
	Mailing Address 985 Matlock Road			11 1 16 2005
	City	State	Zip Code	Transaction ID: EV08XX511432
	Bowling Green	KY	42104-7408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Robert Malcolm Edwards			Date of Receipt
	Mailing Address 1240 Colonial Commons	11 16 2005		
	City	State	Zip Code	Transaction ID: EV09HB773341
	Lancaster	SC	29720-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Dion Ehrlich			Date of Receipt
	Mailing Address Suite 103 7500 Central Avenue			111 / 09 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD617294
	Philadelphia	PA	19111-2430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		1500.00	1
	Other (specify)		1500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>\</b>	2000.00
$\vdash$	. 5 . ,			
Ιт	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 96 (check only one)  X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			
Α.	Full Name (Last, First, Middle Initial) Troy Elander  Mailing Address 242 26th Street  City Santa Monica  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State CA C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) David Keith Emmel  Mailing Address 1260 Silas Deane Highv  City Wethersfield  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General	State CT C Occupation Ophthaln	nologist • Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Richard Evans Mailing Address 9157 Huebner Road  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼	State TX  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1365.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a     11b     11c   12   15   16   17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	ıc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Andrew Farber			Date of Receipt
	Mailing Address 5015 South US Highway	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: EUZOK4744350
	Terre Haute	IN	47802-4711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) George Fava			Date of Receipt
	Mailing Address 875 Norman Drive	1 1 1 1 4 2 0 0 5		
	City	State	Zip Code	Transaction ID: EV066K645612
	Lebanon	PA	17042-7454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln	nologist e Year-to-Date <b>V</b>	_
	Primary General	riggrogate		
	Other (specify) ▼	0 0	900.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) John Favetta			Date of Receipt
	Mailing Address 70 Ridge Road			11 25 2005
	City	State	Zip Code	Transaction ID: 48802-25542849302292
	North Arlington	NJ	07031-6318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			1591.25
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T	OTAL This Period (last page this line number on	ly)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 96 (check only one)    X
Any or fo	information copied from such Reports and State r commercial purposes, other than using the na	ements may me and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
F F F F F F F F F F F F F F F F F F F	full Name (Last, First, Middle Initial) Robert Feldman Mailing Address 160 Boston Avenue  Sity Altamonte Springs  EC ID number of contributing ederal political committee.  Idame of Employer elf  Receipt For:  Primary General Other (specify)   full Name (Last, First, Middle Initial)  Marc Fisher	rt Feldman ing Address 160 Boston Avenue  State Zip Code FL 32701-4706  ID number of contributing all political committee.  e of Employer  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Name (Last, First, Middle Initial) Fisher		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
F fe	Cankakee  EC ID number of contributing ederal political committee.  Iame of Employer elf  Receipt For:  Primary General  Other (specify)	State IL  C  Occupation Ophthaln Aggregate		Transaction ID: EUZXEC635831  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
C. A. N. C. F. F. F. F. S.	ull Name (Last, First, Middle Initial)  Illen Fishman  Aailing Address 92-29 Queens Boulevard  Sity  Rego Park  EC ID number of contributing ederal political committee.  Iame of Employer elf  Receipt For:  Primary General  Other (specify) ▼	State NY  C Occupation Ophthaln		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUI	BTOTAL of Receipts This Page (optional)			1030.00
TO:	<b>TAL</b> This Period (last page this line number on	v)	<b>&gt;</b>	

٠,	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 27 / 96
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
/	, ,	na Dalitiaal	Committee (ODLITUDAC)	
/	American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
_	Full Name (Last First Middle Initial)			
Δ	Full Name (Last, First, Middle Initial) John Fitz			Date of Receipt
٦.				<del>-</del>
	Mailing Address Precision Eye Care 140 Westmount Drive-P	O Boy 420		11 17 2005
	City	State	Zip Code	Transaction ID: EV0AQE485332
	-	MO	•	
	Farmington	IVIO	63640-0429	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	<u> </u>	Batch Tool - PAC
	self			
	Descire Ferr	Ophthaln		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2000.00	
	Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial)			
3.	David Forster			Date of Receipt
	Mailing Address 6231 Leesburg Pike			M M / D D / Y Y Y Y
				11 19 2005
	City	State	Zip Code	Transaction ID: 48752-46407717466354
	Falls Church	VA	22044-2102	Amount of Each Receipt this Period
	FEC ID number of contributing			04.05
	federal political committee.	C		91.25
				PAC 4th of 4
	Name of Employer self	Occupation	n	170 401014
		Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			
	Other (specify)	1	365.00	
	Full Name (Last, First, Middle Initial)			
Э.	Lawrence Keith Fox			Date of Receipt
	Mailing Address 22 Green Street			M " M / D " D / Y " Y " Y " Y
				11 18 2005
	City	State	Zip Code	Transaction ID: EV0CFD454136
	Poughkeepsie	NY	12601-1306	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	•			Detail DAC
	Name of Employer self	Occupation	n	Batch Tool - PAC
	Self	Ophthaln	nologist	
	Receipt For:		e Year-to-Date ▼	7
	Primary General			
	Other (specify) ▼		1000.00	
				'
_	UDTOTAL of Descints This Design (control in			2091.25
5	UBTOTAL of Receipts This Page (optional)		······	
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T	OTAL This Period (last page this line number or	าly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Samuel Friedel Mailing Address 827 Linden Avenue			Date of Receipt  1 1 0 9 2 0 0 5
	City	State MD	Zip Code	Transaction ID: EUZZZD214171
	FEC ID number of contributing federal political committee.	C	21201-4606	Amount of Each Receipt this Period  365.00  Batch Tool - PAC
	self	Occupation Ophthalm Aggregate		
3.	Full Name (Last, First, Middle Initial) Robert Fry Mailing Address 217 Old York Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD381586
	Dillsburg	PA	17019-9318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00  Batch Tool - PAC
	solf '	occupation ophthalm		Balcii 1001 - PAC
		•	Year-to-Date ▼ 865.00	
	Full Name (Last, First, Middle Initial) Henry Gelender			Date of Receipt
Mailing Address Suite 600 - Attn: Jennifer Daffin 7150 Greenville Avenue				11 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dallas	State TX	Zip Code 75231-7900	Transaction ID: EV08XX652113  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	702017000	365.00
	self	occupation Ophthalm	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	aggregate	Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			1230.00
т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 29 / 96 (check only one)				
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17				
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)							
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) James Gessler			Date of Receipt				
	Mailing Address 1229 E Seminole Street			11 09 2005				
	City	State	Zip Code	Transaction ID: EUZZZD116452				
	Springfield	MO	65804-2227	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		Year-to-Date <b>V</b>					
	Primary General Other (specify) ▼		500.00					
		0 0	0 0 0 0 0 0 0 0					
3.	Full Name (Last, First, Middle Initial) Gregory Gibb			Date of Receipt				
	Mailing Address 2840 O'Neil Lane	11 28 7 9 9 9						
	City	State	Zip Code	Transaction ID: 48XZL1822384				
	Eureka	CA	95503-4870	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00  Batch Tool - PAC				
	Name of Employer self	Occupation Ophthaln		Baich 1001 - FAC				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		365.00					
 C.	Full Name (Last, First, Middle Initial) John Glotfelty			Date of Receipt				
	Mailing Address 1247 Lakeland Hills Boul	evard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: EV07VZ455226				
	Lakeland	FL	33805-4673	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:	•	e Year-to-Date ▼					
	Primary General		365.00	1				
	Other (specify) ▼	0 0						
9	SUBTOTAL of Receipts This Page (optional)							
_	UBTOTAL of Receipts This Page (optional)			1230.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
<b>A</b> .	Full Name (Last, First, Middle Initial) R. Thad Goodwin  Mailing Address Suite 102 5246 Red Cedar Drive  City Fort Myers  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State FL C Occupation Ophthaln Aggregate		Date of Receipt    M
3.	Full Name (Last, First, Middle Initial) Robert Green  Mailing Address Suite 400 414 Navarro Street  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State TX  C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial) Paul Greenfield  Mailing Address 503 Broadway  City Everett  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State MA  C Occupation Ophthaln Aggregate		Date of Receipt  M M M / 29 / 2005  Transaction ID: 48Y1MS514186  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)		······•	821.25
T	OTAL This Period (last page this line number o	only)	<b>.</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc I	Political	Committee (OPHTHPAC)	
<b>A</b> .	Bayside  FEC ID number of contributing federal political committee.  Name of Employer self	State NY C Occupation Ophthalm		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Nashville  FEC ID number of contributing federal political committee.  Name of Employer self	State TN C Cccupation		Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>)</b>	Dallas  FEC ID number of contributing federal political committee.  Name of Employer self	State TX C Cccupatior Ophthalm		Date of Receipt  M M M / 08 / 2005  Transaction ID: EUZXK7676039  Amount of Each Receipt this Period  100.00  Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)		·····	500.00
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/96	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X   11a     11b     11c     12     15     16     17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)		
Α.	Full Name (Last, First, Middle Initial) Kenneth Grossman			Date of Receipt	
Λ.	Mailing Address 580 Collins Drive			M M / D D / Y Y Y Y	
				11 15 2005	
	City Merced	State CA	Zip Code	Transaction ID: EV07VZ805773	
			95348-3121	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2500.00	
	Name of Employer self	Occupation		Batch Tool - PAC	
		Ophthaln	<del>-</del>	_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1	
	Other (specify) ▼	0 0	2500.00		
_					
В.	Full Name (Last, First, Middle Initial) Steven Grossnickle			Date of Receipt	
	Mailing Address 2251 Dubois Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: EV09HB525044	
	Warsaw	IN	46580-3212	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer	Occupation	n	Batch Tool - PAC	
	self	Ophthaln			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		365.00		
C.	Full Name (Last, First, Middle Initial) Kamal Gupta			Date of Receipt	
	Mailing Address 19335 Allen Road			M M / D D / Y Y Y Y	
	011	01-1-	7'- 0-4-	11 09 2005	
	City Brownstown	State MI	Zip Code 48183-1003	Transaction ID: EUZZZD562278  Amount of Each Receipt this Period	
	FEC ID number of contributing		10100 1000		
	federal political committee.	C		500.00	
	Name of Employer	Occupation	n	Batch Tool - PAC	
	self	Ophthaln	•		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	500.00		
_		0 0	0 0 0 0 0 0 0		
ſ_				3365.00	
S	UBTOTAL of Receipts This Page (optional)				
Т	TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 96 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	ıc Political	Committee (OPHTHPAC)					
<b>A</b> .	Full Name (Last, First, Middle Initial) Lawrence Halperin Mailing Address Suite 1C			Date of Receipt				
	950 Glades Road	Ctata	7:a Cada	11 19 2005				
	City Boca Raton	State FL	Zip Code 33431-6401	Transaction ID: 1UMJ2ZJQD0VEL  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00					
3.	Full Name (Last, First, Middle Initial) Robert Harbin			Date of Receipt				
	Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boule	1 1 1 5 2 0 0 5 2 0 0 5						
	City Rome	State GA	Zip Code 30165-1625	Transaction ID: EV07VZ247728  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
<b>D.</b>	Full Name (Last, First, Middle Initial) Thomas Harbin			Date of Receipt				
	Mailing Address 3888 Tuxedo Road			11 09 2005				
	City Atlanta	State GA	Zip Code 30342-4034	Transaction ID: EUZZZD416207  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		350.00				
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00					
S	SUBTOTAL of Receipts This Page (optional)							
T/	OTAL This Period (last page this line number on	lv)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 96	
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)		
Α.	Full Name (Last, First, Middle Initial) Jeffrey Harrington			Date of Receipt	
٠.	Mailing Address 1508 Brook Avenue			M " M / D " D / Y " Y " Y " Y	
	-			11 29 2005	
	City	State	Zip Code	Transaction ID: 48Y1MS023462	
	Wichita Falls	TX	76301-5604	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
		Occupation	n	Batch Tool - PAC	
	self	Ophthaln	nologist		
		Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)				
В.	Full Name (Last, First, Middle Initial) Anjali Hawkins			Date of Receipt	
	Mailing Address Geneve Eye Clinic - Suite 302 Randall Road	10		1 1 1 6 2 0 0 5	
	City	State	Zip Code	Transaction ID: EV08XX511917	
	Geneva	<u>IL</u>	60134-4209	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		365.00	
	Name of Employer	Occupation	 n	Batch Tool - PAC	
	colf	Ophthaln			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	365.00		
	Other (specify)	0 0	363.00		
C.	Full Name (Last, First, Middle Initial) Alan Hefner			Date of Receipt	
	Mailing Address Suite A			M M / D D / Y Y Y Y	
	40W330 Lafox Road			11 18 2005	
	City	State	Zip Code	Transaction ID: EV0CPK355268	
	St. Charles	<u>IL</u>	60175-6515	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	colf	Occupation		Batch Tool - PAC	
		Ophthaln	nologist e Year-to-Date 🔻	$\dashv$	
	Primary General	Aggregate	FICAL-10-Date V	1	
	Other (specify)		500.00		
s	UBTOTAL of Receipts This Page (optional)			1365.00	
T	TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  A. Jeffrey Heier  Mailing Address Ophthalmic Consultants of Bosto				Date of Receipt
	50 Staniford Street Suite	State	Zip Code	1 1 2 1 2 0 0 5 Transaction ID: 48XPIF163560
	Boston  FEC ID number of contributing federal political committee.	C	02114-2539	Amount of Each Receipt this Period  1000.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
Full Name (Last, First, Middle Initial)  Jeffrey Heimer  Mailing Address 507 Locust Lane				Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EV05PS288843
	State College FEC ID number of contributing federal political committee.	C	16801-5419	Amount of Each Receipt this Period  500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Bruce Herron			Date of Receipt
Mailing Address 668 Skyline Drive				11 1 14 2005
	City  Jackson	State TN	Zip Code 38301-3951	Transaction ID: EV066K492914  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self  Receipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		Batch Tool - PAC
SI	JBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number on			

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Tatsuo Hirose			Date of Receipt
	Mailing Address 8 Whittier Place #12H			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZOK4206236
	Boston	MA	02114-1425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation	1	Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1365.00	
3.	Full Name (Last, First, Middle Initial) Elizabeth Hodapp			Date of Receipt
	Mailing Address 245 E Rivo Alto Drive	1 1 0 8 2 0 0 5		
	City	State	Zip Code	Transaction ID: EUZXEC956708
	Miami Beach	FL	33139-1267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		365.00	
— Э.	Full Name (Last, First, Middle Initial) John Hoines			Date of Receipt
	Mailing Address 1630 Adams Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD161381
	Mankato	MN	56001-4801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	730.00	
S	UBTOTAL of Receipts This Page (optional)			1730.00
т,	OTAL This Period (last page this line number on	ılv)		

٥/	CHEDIII E A /EEC Earm 3V)			FOR LINE NUMBER: PAGE 37 / 96
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13   14   15   16   17
An	y information copied from such Reports and Stat	ements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial)			
۹.	Francis Hurite			Date of Receipt
	Mailing Address Forbes Stevenson Buildi	ng		M M / D D / Y Y Y Y
	1401 Forbes Avenue 3rd	Floor		11 08 2005
	City	State	Zip Code	Transaction ID: EUZXMI425821
	Pittsburgh	PA	15219-5125	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of European			Batch Tool - PAC
	Name of Employer self	Occupation		
	Baselin Fem	Ophthaln		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			
3.	W. Jackson liff			Date of Receipt
•	Mailing Address Suite 7			M M / D D / Y Y Y Y
	4 W Rolling Crossroads			11 09 2005
	City State Zip Code			Transaction ID: 44567-2732354998588
	Catonsville	MD	21228-6280	Amount of Each Receipt this Period
				7 tillount of Each Fleedipt tillo Feriod
	FEC ID number of contributing federal political committee.	C		125.00
				PAC 3rd of 4
	Name of Employer self	Occupation	n	TAC SIG 01 4
	Sell	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		975.00	
	Other (specify) ▼		875.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselat
٠.	Peter Jensen Mailing Address C. 11, 200			Date of Receipt
	Mailing Address Suite 200 1208 Hilltop Drive			1 1 2 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 48XPIF470731
	Rock Springs	WY	82901-5857	Amount of Each Receipt this Period
	• •	VV 1	02901-3037	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	rederai politicai committee.			D. I. T. I. DAG
	Name of Employer	Occupation	n	Batch Tool - PAC
self Ophtha		Ophthaln	nologist	
		Aggregate	e Year-to-Date ▼	
	Primary General		100.00	
	Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			825.00
			•	
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
<b>A.</b>	Full Name (Last, First, Middle Initial) David Johnson  Mailing Address 1721 E 19th Avenue #55  City Denver  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:	State CO C Occupation Ophthaln		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	Aggregate	2000.00	
3.	Full Name (Last, First, Middle Initial) Eric Johnson  Mailing Address 204B Allandale Road  City Chestnut Hill  FEC ID number of contributing	State MA	Zip Code 02467-3200	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
<b>D</b> .	Full Name (Last, First, Middle Initial) John Jones Mailing Address 1628 Medical Arts Boule	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Anderson  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State IN  C  Occupation Ophthaln Aggregate		Transaction ID: EUZZZD126561  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
S	UBTOTAL of Receipts This Page (optional)			1865.00
T	OTAL This Period (last page this line number or	nly)	<b></b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		• •	
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Rebecca Jones			Date of Receipt
	Mailing Address 1424 East Front Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48825-77445620298386
	Tyler	TX	75702-8501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer	Occupation	n	PAC 4th of 4
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.00	
3.	Full Name (Last, First, Middle Initial) Rebecca Jones			Date of Receipt
	Mailing Address 1424 East Front Street	11 29 7 2005		
	City	State	Zip Code	Transaction ID: 48Y1MS294430
	Tyler	TX	75702-8501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation		Batch 1001-1 AC
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	730.00	
).	Full Name (Last, First, Middle Initial) Jeffrey Ward Kalenak			Date of Receipt
Mailing Address 2600 N Mayfair Road Suite 600				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EV066K586212
	Milwaukee	WI	53226-1374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	956.25
_	OTAL This David // Colored P. P.	1)		
ſ	OTAL This Period (last page this line number on	ıy)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Eric Kanter  Mailing Address 349 E Northfield Road  City Livingston  FEC ID number of contributing federal political committee.  Name of Employer self	State NJ C Occupation Ophthaln		Date of Receipt  M M M / 21 / 2005  Transaction ID: 48XPIF640422  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Laurence Karns Mailing Address 6407 Frank Avenue Nor City North Canton  FEC ID number of contributing federal political committee.	Date of Receipt    M		
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
<b>.</b>	Full Name (Last, First, Middle Initial) Steven Katz  Mailing Address 1931 Williamsbridge Ro  City Bronx  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NY  C Occupation Ophthaln		Date of Receipt  M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		0 0		1230.00
	JBTOTAL of Receipts This Page (optional)		<u> </u>	
10	<b>PTAL</b> This Period (last page this line number or	IIY)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and State	Use separate schedule(s) or each category of the Detailed Summary Page ements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 41 / 96 (check only one)    X
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Ir	ame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Alex Keller  Mailing Address 1010 Prince Avenue  City  Athens  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 30606-5811  C  Occupation Ophthalmologist Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stephen Kelly  Mailing Address PO Box 1727 100 S Park Drive  City  Brownwood  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code TX 76804-1727  C  Occupation Ophthalmologist Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Kennedy Mailing Address 1675 Providence Avenue City Schenectady FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code NY 12309-3919  C  Occupation Ophthalmologist Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	1800.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/96
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  A. Kianoush Kian			Date of Receipt
Mailing Address Suite 104 3303 E Baseline Road			111 / 15 / Y Y Y Y Y Y
City <u>G</u> ilbert	State AZ	Zip Code 85234-2738	Transaction ID: EV07VZ575126  Amount of Each Receipt this Period
FEC ID number of contributing		00204 2700	
federal political committee.	C		500.00
Name of Employer self	Occupation		Batch Tool - PAC
Descript For:	Ophthaln		_
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)	0 0	500.00	
Full Name (Last, First, Middle Initial)  3. William Kilpatrick			Date of Receipt
Mailing Address 7550 E 2nd Street			1 1 1 8 2 0 0 5
City	State	Zip Code	Transaction ID: EV0CPK739086
Scottsdale	AZ	85251-4504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthaln	e Year-to-Date <b>V</b>	$\dashv$
Primary General	Aggregate		1
Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial)  C. Richard Kim			Date of Receipt
Mailing Address Unit 3			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
25351 Boots Road City	State	Zip Code	Transaction ID: EV05Y0244574
Monterey	CA	93940-6658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		635.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1000.00	1
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)		·····	1500.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 96 (check only one)  X 11a 11b 11c 12
Ar	ry information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc			Soliot contributions from Such Committee.
Α.	Name of Employer self	State TX C C C C C C C C C C C C C C C C C C		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	iggi ogaic	450.00	
Full Name (Last, First, Middle Initial) Scott Kirk Mailing Address 7427 Lake Street				Date of Receipt  1 1 2 1 2 0 0 5
	•	State	Zip Code	Transaction ID: 48752-91692751646042
	River Forest  FEC ID number of contributing federal political committee.	C	60305-1817	Amount of Each Receipt this Period  125.00
	self	Occupation Ophthaln Aggregate		PAC 3rd of 4
).	Full Name (Last, First, Middle Initial) William Knauer			Date of Receipt
Mailing Address 2535 Riverside Avenue				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State FL	Zip Code 32204-4710	Transaction ID: EUZZZD086683  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	self C	Occupation Ophthaln Aggregate		Batch Tool - PAC
_ s	UBTOTAL of Receipts This Page (optional)			1375.00
	OTAL This Period (last page this line number only)		·	
	(   0		·	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 44 / 96
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Karanjit Kooner			Date of Receipt
	Mailing Address 5323 Harry Hines Boulev	/ard		11 09 2005
	City	State	Zip Code	Transaction ID: EUZZZD336494
	Dallas	TX	75390-7208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General			1
	Other (specify)		365.00	
3.	Full Name (Last, First, Middle Initial) Howard Krauss			Date of Receipt
	Mailing Address South Cal Neuro Oph/Oi 11645 Wilshire Boulevar	11 10 / 2005		
	City	State	Zip Code	Transaction ID: 2TEV00MSE383U1
	Los Angeles	CA	90025-6807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) John Lane			Date of Receipt
٠.	Mailing Address 18 Evergreen Lane			M M / D D / Y Y Y Y
				11 22 2005
	City	State	Zip Code	Transaction ID: 48XR39448943
	Watchung	NJ	07069-6002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General	1 1	500.00	1
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
Ţ.	OTAL This Period (last page this line number or	ılv)		
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)				
	self	State MN  C  Description Descr	nologist Year-to-Date ▼	Date of Receipt  M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3.	Other (specify)   Full Name (Last, First, Middle Initial) Wayne Larrison  Mailing Address Court Retina Consultants Pc			Date of Receipt			
	A6 Prince St. Suite 402-A City New Haven FEC ID number of contributing federal political committee.	State CT	Zip Code 06519-1600	1 1 1 6 2 0 0 5  Transaction ID: EV08XX803580  Amount of Each Receipt this Period  250.00			
	self	Occupation Ophthalm Aggregate		Batch Tool - PAC			
	self	State IA  C  C  C  C  C  C  C  C  C  C  C  C  C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
SI	SUBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number only	)	•				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 46/96
	EMIZED RECEIPTS		or each category of the	(check only one)	] 440
•			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)		(		
/	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)		
	Full Name (Last, First, Middle Initial)				
٩.	Worldster S. Lee			Date of Receipt	
	Mailing Address Suite 400 1712 Liliha Street			M M / D D D 1 1 0	2005
	City	State	Zip Code	Transaction ID: El	JZZZD272558
	Honolulu	HI	96817-5410	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.			Dutt T. I. Dick	11175
	Name of Employer self	Occupation		Batch Tool - PAC	
		Ophthaln		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
				'	
3	Full Name (Last, First, Middle Initial) Elise Leonard			Date of Receipt	
٠.	Mailing Address Suite 300			M M / D D	/ Y 'Y 'Y 'Y
	8890 W Oakland Park B	11 16	2005		
	City	State	Zip Code	Transaction ID: E\	
	Sunrise	FL	33351-7235	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			91.25
				Batch Tool - PAC	
	Name of Employer self	Occupation Ophthaln			
	Receipt For:		Year-to-Date ▼	+	
	Primary General	33 0			
	Other (specify) ▼		456.25		
	Full Name (Last, First, Middle Initial)				
Э.	Andrew Levada			Date of Receipt	
	Mailing Address the Eye Care Group Pc	- 100		11 08	2005
	City 1201 W Main Street Suit	e 100 State	Zip Code	Transaction ID: El	
	Waterbury	CT	06708-3105	Amount of Each Re	
	FEC ID number of contributing				<del></del>
	federal political committee.	C			365.00
	Name of Employer	Occupation	n	Batch Tool - PAC	
	self	Ophthaln	<u> </u>		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	730.00		
		0 0		1	
	•				050.05
s	UBTOTAL of Receipts This Page (optional)		······		956.25
_	OTAL This Davied (least see this line as	J. A			
- 1	OTAL This Period (last page this line number or	ııy)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) David Levine			Date of Receipt
	Mailing Address Suite H2 19271 Montgomery Villa	ae Avenue	}	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: EUZZZD665471
	Montgomery Village	MD	20886-5021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	865.00	
3.	Full Name (Last, First, Middle Initial) Donald Levy			Date of Receipt
	Mailing Address Suite 330 330 1st Capitol Drive	11 16 7 2005		
	City	State	Zip Code	Transaction ID: EV08XX965481
	St. Charles	MO	63301-2835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batch 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Monique Leys			Date of Receipt
Mailing Address West Virginia University Eye Insti PO Box 9193				11 14 2005
	City	State	Zip Code	Transaction ID: EV05Y0214145
	Morgantown	WV	26506-9193	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln	nologist	Balcii 100i - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
SI	JBTOTAL of Receipts This Page (optional)			1230.00
т	OTAL This Period (last page this line number on	ly)	·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48/96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Raymond Liggio			Date of Receipt
	Mailing Address 503 Broadway			1 1 1 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EV066K411022
	Everett	MA	02149-3603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) James Limbert			Date of Receipt
Mailing Address PO Box 490				1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZN1Y323365
	Blacklick	OH	43004-0490	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	365.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Kim Lindenmuth			Date of Receipt
Mailing Address 45 South Park Boulevard Suite 37			5	1 1 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EV0CPK158062
	Glen Ellyn	<u>IL</u>	60137-6291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
			•	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial)  Mark Lindsay  Mailing Address 2725 E 29th Street			Date of Receipt
	City	State	Zip Code	1 1 1 5 2 0 0 5  Transaction ID: EV07VZ568787
	<u>Bryan</u>	TX	77802-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
3.	Full Name (Last, First, Middle Initial) Steven Litinsky			Date of Receipt
	Mailing Address 16201 S Military Trail			111 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Polyay Roach	State FL	Zip Code	Transaction ID: 1U49CZTRLZUE8
	Delray Beach FEC ID number of contributing federal political committee.	C	33484-6503	Amount of Each Receipt this Period  100.00
	Name of Employer self	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
).	Full Name (Last, First, Middle Initial) Kenneth Low			Date of Receipt
	Mailing Address 38707 Stivers St. Suite B			11 08 2005
	City Fremont	State CA	Zip Code 94536-5337	Transaction ID: EUZXK7577063
	FEC ID number of contributing federal political committee.	C	94330-3337	Amount of Each Receipt this Period  1000.00
	Name of Employer self	Occupation Ophthalm	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
S	UBTOTAL of Receipts This Page (optional)			1125.00
т/	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 50 / 96		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b	11c   12 15   16   17	
Δη	v information conied from such Reports and St	atemente may	, not be sold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fro	om such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)			
A.	Full Name (Last, First, Middle Initial) Ronald Lowery			Date of Receipt		
	Mailing Address #10 Hospital Circle				29 2005	
	City	State	Zip Code	Transaction ID:	48Y1MS244430	
	Batesville	AR	72501-7310	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			1000.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PA	AC .	
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	1000.00			
В.	Full Name (Last, First, Middle Initial) James Lusk			Date of Receipt		
	Mailing Address 451 Ashley Ridge Bould #2 Minden Medical Plaz				2005	
	City	State	Zip Code	Transaction ID:	EV05PS415185	
	Shreveport	LA	71106-7229	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	С			500.00	
	Name of Employer	Occupation	n	Batch Tool - PA	AC	
	self	Ophthaln				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	865.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mary Gerard Lynch			Date of Receipt		
	Mailing Address 3845 Club Drive				0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID:	EUZZZD622725	
	Atlanta	GA	30319-1109	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PA	AC .	
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		565.00			
S	UBTOTAL of Receipts This Page (optional)				1865.00	
$\vdash$				-		
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 51 / 96	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
"	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\vdash$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
Α.				Date of Receipt
	Mailing Address Univ of Rochester - Stro 100 Meridian Centre Su			1 1 1 4 2 0 0 5
	City	State	Zip Code	Transaction ID: EV066K113855
	Rochester	NY	14618-3976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation	า	Batch Tool - PAC
		Ophthaln		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	1000.00	
	Curer (specify)	0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Jimmie Magie			Date of Receipt
	Mailing Address Magie Eye Clinic 924 Main Street			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZN1Y282577
	Conway	AR	72032-5424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	2	Batch Tool - PAC
	Name of Employer self	Ophthaln		
	Receipt For:	<u> </u>	Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 13	500.00	
— С.	Full Name (Last, First, Middle Initial) Stephen Magie			Date of Receipt
<b>J</b> .	Mailing Address 9800 Lile Drive Suite 501			M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 0 5
	City	State	Zip Code	Transaction ID: EV0CFD170314
	Little Rock	AR	72205-6229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	2000.00	
				1
	-			
s	UBTOTAL of Receipts This Page (optional)			2500.00

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir			
۹.	Full Name (Last, First, Middle Initial) Masud Malik			Date of Receipt
	Mailing Address Suite 4 5701 Strathmoor Drive			111 09 2005
	City Rockford	State IL	Zip Code 61107-5182	Transaction ID: 44567-23397463560104  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthaln		PAC 3rd of 4
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 373.75	
3.	Full Name (Last, First, Middle Initial) William Mallon			Date of Receipt
	Mailing Address Suite 1 1360 US Highway 1			111 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Vero Beach	State FL	Zip Code 32960-5703	Transaction ID: EUZXEC070127
	FEC ID number of contributing federal political committee.	C	32300-3703	Amount of Each Receipt this Period  500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) William Maron			Date of Receipt
	Mailing Address Suite 222 21 Woodland Street			111 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hartford	State CT	Zip Code 06105-4318	Transaction ID: 44567-03028506040573  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthaln	nologist	PAC 3 of 4
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 273.75	
s	UBTOTAL of Receipts This Page (optional)			682.50
Т	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 53/96
ITEMIZED RECEIPTS	or each category of the  Detailed Summary Page	(check only one)    X
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name a	nts may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc Po		
Full Name (Last, First, Middle Initial) <b>A.</b> Jack Mason		Date of Receipt
Mailing Address 555 South Dora Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Si Ukiah C	ate Zip Code A 95482-5424	Transaction ID: 1X3J258QUZUE0  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
oolf ' '	supation hthalmologist	PACWEB GENERATED CONTRIBU- TION
Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	gregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  8. Kevin McAuliffe		Date of Receipt
Mailing Address 9925 San Jose Boulevard	11 02 7 2005	
	ate Zip Code	Transaction ID: EUZN1Y182434
<u>Jacksonville</u> F	32257-5851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		365.00  Batch Tool - PAC
oolf ' '	cupation hthalmologist	Balcii 1001 - FAC
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Connie McCaa		Date of Receipt
Mailing Address Unv MS Med Center/McBryd 2500 North State Street/3rd I	Floor	11 1 19 2005
City Single Sing	ate Zip Code S 39216-4500	Transaction ID: 48752-45022219419479
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  250.00
self	supation hthalmologist	PAC 2nd of 4
Receipt For: Primary General Other (specify)	gregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 54 / 96 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Charles McCormick			Date of Receipt
	Mailing Address 30 North Emerson			11 04 2005
	City	State	Zip Code	Transaction ID: EUZXEC180066
	Greenwood	IN	46143-8895	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf	Occupation Ophthalm		Batch Tool - PAC
			Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Ryan McKinnon			Date of Receipt
	Mailing Address Suite 220 1818 South Tenth Avenue			11 05 7 2005
	City	State	Zip Code	Transaction ID: 1WI25GQZSZUE0
	Caldwell	ID	83605-4803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  PACWEB GENERATED CONTRIBU-
	colf	Occupation Ophthalm		TION JOINT TION
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Calvin Mein			Date of Receipt
	Mailing Address Suite 166 4499 Medical Drive			1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Antonio	State TX	Zip Code	Transaction ID: EUZZZD602489
	San Antonio		78229-3735	Amount of Each Receipt this Period
		С		500.00  Batch Tool - PAC
	self	Occupation Ophthalm	ologist	Datol 1001-1 AO
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	865.00	
S	UBTOTAL of Receipts This Page (optional)			1365.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 96
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
_			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Priscilla Metcalf			Date of Receipt
	Mailing Address 2100 Regional Med Drive	e		1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 44567-05312746763229
	Wharton	TX	77488-9719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.25
	Name of Employer	Occupation	1	PAC 3rd of 4
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		273.75	
3.	Full Name (Last, First, Middle Initial) Richard Mills			Date of Receipt
	Mailing Address Suite 1124 1221 Madison Street			11 09 2005
	City	State	Zip Code	Transaction ID: EUZZZD245326
	Seattle	WA	98104-3588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	nologist e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate		
	Other (specify) ▼		865.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Kenneth Miselis			Date of Receipt
	Mailing Address 445 West Poplar			11 02 2005
	City	State	Zip Code	Transaction ID: EUZN1Y637226
	Stockton	CA	95203-2426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		······	1591.25
			·	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) James Mondzelewski Mailing Address St. Clair Prof Office Buil			Date of Receipt
	1050 Bower Hill Road S City	uite 104 State	Zip Code	1 1 1 4 2 0 0 5 Transaction ID: EV05PS262311
	Pittsburgh	PA	15243-1866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Robert Nasser			Date of Receipt
	Mailing Address 895 Trancas Street			111 02 7 2005
	City	State CA	Zip Code	Transaction ID: EUZN1Y272183
	Napa FEC ID number of contributing federal political committee.	C	94558-3040	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Jeffrey Nilles			Date of Receipt
	Mailing Address 1808 Verdugo Boulevard			111 / 08 / Y Y Y Y Y Y
	City Glendale	State CA	Zip Code 91208-1448	Transaction ID: EUZXK7695788  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	rederal political committee.			
	Name of Employer self	Occupatio Ophthalr	nologist	Batch Tool - PAC
	Name of Employer	Ophthalr		Batch Tool - PAC
S	Name of Employer self  Receipt For: Primary General	Ophthalr Aggregate	nologist e Year-to-Date ▼ 365.00	1095.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 96	
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Richard Pare			Date of Receipt
	Mailing Address North Fulton Profession 2500 Hospital Boulevar	d; Suite 11	5	11 1 10 7 2005
	City Roswell	State GA	Zip Code 30076-4946	Transaction ID: EUZZZD834425  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) John Parkinson			Date of Receipt
	Mailing Address Suite 212 575 Rivergate			1 1 1 8 2 0 0 5
	City	State	Zip Code	Transaction ID: EV0CFD302398
	Durango	CO	81301-7487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) John Parschauer			Date of Receipt
	Mailing Address 2020 Hayes Avenue PO Box 2238			11 1 1 5 2005
	City	State	Zip Code	Transaction ID: EV07VZ820544
	Sandusky	OH	44870-4793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln	nologist	Datcil 1001 - FAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 96
ITEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMILLED TILOLII TO		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and S	tatements may	y not be sold or used by any nerso	
Any information copied from such Reports and S or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	_
Full Name (Last, First, Middle Initial)  A. Leonard Parver			Date of Receipt
Mailing Address Suite 500 1145 19th Street North	wast		11 18 2005
City	State	Zip Code	Transaction ID: EV0CFD131852
Washington	DC	20036-3701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	<del> </del>	Year-to-Date <b>V</b>	
Primary General	riggrogato		1
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Maria Patterson			Date of Receipt
Mailing Address 12690 W North Avenue	e		11 02 7 2005
City	State	Zip Code	Transaction ID: EUZN1Y474172
Brookfield	WI	53005-4636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation	1	Batch Tool - PAC
self	Ophthaln		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  C. Rodolfo Perez	I		Date of Receipt
Mailing Address Thurmond Eye Associa 1519 East Sixth	ates		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: EUZZZD594303
Weslaco	TX	78596-6605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optional)			1230.00
TOTAL This Period (last page this line number		·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 96 (check only one)  X 11a 11b 11c 12
Δn	y information copied from such Reports and Stat	emente may		13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
<b>A.</b>	Full Name (Last, First, Middle Initial) John Perlmutter  Mailing Address Suite 330			Date of Receipt
	330 1st Capitol Drive			11 16 2005
	City	State	Zip Code	Transaction ID: EV08XX312626
	St. Charles	MO	63301-2835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Charles Peter			Date of Receipt
	Mailing Address 2305 Tinkham Road			1 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48XPIF015949
	Akron	OH	44313-4467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Michael Petersen			Date of Receipt
	Mailing Address Cincinnati Eye Institute 10494 Montgomery Road	d		11 22 7 2005
	City	State	Zip Code	Transaction ID: 48XR39125254
	<u>Cincinnati</u>	OH	45242-5214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln	nologist	Baltin 1001 - FAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
SI	UBTOTAL of Receipts This Page (optional)			1230.00
т	OTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 96
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Ina Palitias	Committee (OBLITURAC)	
American Academy of Ophthalmology	inc Politica	i Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)			Data of Baselini
A. Michael Peterson  Mailing Address Rocky Moutain Eye Cer	ator		Date of Receipt
700 W Kent Avenue	ilei		11 16 2005
City	State	Zip Code	Transaction ID: EV08XX471125
Missoula	MT	59801-6772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupatio	n	Batch Tool - PAC
self	Ophthalr		
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		865.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  3. John Petty			Date of Receipt
Mailing Address Alpine Eye Clinic			11 22 7 2005
2423 East Main Suite 4 City	State	Zip Code	Transaction ID: 48XR39326715
Cortez	CO	81321-4269	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	1000.00
federal political committee.	C		
Name of Employer	Occupatio	n	Batch Tool - PAC
self	Ophthaln	<del>-</del>	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		1500.00	
Full Name (Last, First, Middle Initial)  C. Robert Scott Pinke			Date of Receipt
Mailing Address Roxbury Eye Center Pc			M M / D D / Y Y Y Y
66 Sunset Strip Suite 10	07		11 03 2005
City	State NJ	Zip Code	Transaction ID: EUZOK4263564
Succasunna  EEC ID number of contributing		07876-1362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupatio	n	Batch Tool - PAC
self	Ophthair		
Receipt For:		e Year-to-Date ▼	
Primary General		1000.00	
Other (specify)	0 0		
			2500.00
SUBTOTAL of Receipts This Page (optional)		·····	2500.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Inc I	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Anthony Pisacano			Date of Receipt
	Mailing Address New York Eye Srgy Center 1101 Pelham Parkway N			11 1 09 2005
	,	State NY	Zip Code 10469-5411	Transaction ID: EUZZZD540744
	FEC ID number of contributing	C	10469-3411	Amount of Each Receipt this Period 500.00
		\		Batch Tool - PAC
	colf	ccupation phthalm		
		•	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Stephen Powell			Date of Receipt
	Mailing Address White Birch Towers 1255 Pineview Drive			111 28 2005
	•	State	Zip Code	Transaction ID: 48XZL1633339
		WV	26505-2713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00  Batch Tool - PAC
	colf	ccupation phthalm		Battil 1001 - FAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 C.	Full Name (Last, First, Middle Initial) Tony Pruthi			Date of Receipt
	Mailing Address 403 Estrella Doro			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: EUZXEC278881
		CA	93940-7607	Amount of Each Receipt this Period
	Tederal political committee.	C		1000.00
	self	ccupation phthalm	nologist	Batch Tool - PAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1365.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
			<u> </u>	
T	<b>OTAL</b> This Period (last page this line number only)		<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62/96		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIVIIZED RECEIL 13		Detailed Summary Page	X   11a     11b     11c     12     15     16     17		
Ar	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)			
Α.	Full Name (Last, First, Middle Initial) H. William Ranelle			Date of Receipt		
	Mailing Address 5000 Collinwood			M M / D D / Y Y Y Y		
	City	Ctoto	Zin Codo	11 04 2005		
	Fort Worth	State TX	Zip Code 76107-3606	Transaction ID: 13EUZQKVTEIWV1  Amount of Each Receipt this Period		
	FEC ID number of contributing		10.0.000			
	federal political committee.	C		500.00		
	Name of Employer self	Occupation		PACWEB GENERATED CONTRIBU- TION		
	Pagaint For:	Ophthaln	nologist e Year-to-Date <b>V</b>	_		
	Receipt For: Primary General	Aggregate	: Teal-to-Date ▼	1		
	Other (specify) ▼		500.00			
_						
В.	Full Name (Last, First, Middle Initial) Erman Rawlings			Date of Receipt		
	Mailing Address 3430 Bienville Boulevard	d		1 1 2 9 2 0 0 5		
	City	State	Zip Code	Transaction ID: 48Y1MS684665		
	Ocean Springs	MS	39564-5732	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		200.00		
	Tederal political committee.			Batch Tool - PAC		
	Name of Employer self	Occupation		Batch 1001 - FAC		
	Receipt For:	Ophthaln	nologist e Year-to-Date <b>V</b>	_		
	Primary General	Aggregate	Flear-to-Date V	1		
	Other (specify) ▼		350.00			
_						
C.	Full Name (Last, First, Middle Initial) Silas Read			Date of Receipt		
	Mailing Address 957 Baxter Street			M M / D D / Y Y Y Y		
				11 21 2005		
	City Athens	State GA	Zip Code 30606-3754	Transaction ID: 48XPIF142826  Amount of Each Receipt this Period		
			30000-3734			
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer	Occupation	 n	Batch Tool - PAC		
	self	Ophthaln	nologist			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify)		730.00			
	Strict (specify) \	0 0	0 0 0 0 0 0 0			
				1065.00		
S	UBTOTAL of Receipts This Page (optional)			1000.00		
Т.	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   17   13   14   15   16   17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Ashok Reddy			Date of Receipt
	Mailing Address Apt. 21M 435 E 70th Street	01-1-	7'- O. d.	1 1 2 4 2 0 0 5
	City New York	State NY	Zip Code 10021-5342	Transaction ID: 1548XTIN7W8XU1  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Eye Associates of New Mex-	Occupation Ophthalm		PACWEB GENERATED CONTRIBUTION
	ico Receipt For:		Year-to-Date <b>V</b>	-
	Primary General Other (specify) ▼	199 1941	365.00	
3.	Full Name (Last, First, Middle Initial) George Reiss			Date of Receipt
	Mailing Address Suite F101 6677 W Thunderbird Roa			11 1 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD035877
	Glendale	AZ	85306-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm		Balcii 100i - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Allen Richmond			Date of Receipt
	Mailing Address Suite 302 3998 Red Lion Road			11 09 2005
	City	State	Zip Code	Transaction ID: EUZZZD676876
	Philadelphia ( ) it is	PA	19114-1436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm	nologist	Battii 100i - FAC
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		325.00	
s	UBTOTAL of Receipts This Page (optional)			1490.00
_				
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 96 (check only one)    X
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Politica	Committee (OPHTHPAC)	
A. 3.	Full Name (Last, First, Middle Initial) Byron Riegel  Mailing Address 2830 West Main Street  City Visalia  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Kenneth Roach Mailing Address 124 Arlen Park Place	State CA C Occupatio Ophthaln Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Apex  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State NC C Occupation Ophthaln Aggregate		Transaction ID: EV0CPK884725  Amount of Each Receipt this Period  500.00  Batch Tool - PAC
<b></b>	Full Name (Last, First, Middle Initial) Richard Roebuck  Mailing Address 213 Dayton Street  City Hamilton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State OH  C Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1091.25
T	OTAL This Period (last page this line number on	lv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	c Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Michael Rosenberg			Date of Receipt
	Mailing Address Suite 440 645 N Michigan Avenue			111 25 7 2005
	Chicago	State IL	Zip Code	Transaction ID: 48802-10439699888229
	Chicago  EEC ID number of contributing		60611-2826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
•	Name of Employer self	Occupation		PAC 4th of 4
		Ophthalm		-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Harvey Rosenblum			Date of Receipt
	Mailing Address 220 Madison Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD586684
	New York	NY	10016-3422	Amount of Each Receipt this Period
,	FEC ID number of contributing federal political committee.	С		500.00
•	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthalm	nologist • Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	1 1	500.00	
_	Full Name (Last, First, Middle Initial) Leland Rosenblum			Date of Receipt
	Mailing Address Suite 201 798 Cass Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EV0CFD256645
	Monterey	CA	93940-2918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
SL	JBTOTAL of Receipts This Page (optional)		·····	1062.50
тс	<b>DTAL</b> This Period (last page this line number on	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 96 (check only one)    X   11a
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial)  Jerome Ross  Mailing Address 1001 Pine Heights Avenue	e Suite 10	01	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD525415
	Baltimore  FEC ID number of contributing federal political committee.	MD C	21229-5266	Amount of Each Receipt this Period  365.00
	oolf ' '	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) David Rozas Mailing Address 5 St. Vincent Circle Suite	101		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD543038
	Little Rock	AR	72205-5415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Batch Tool - PAC
	ealf '	Occupation Ophthaln		Datch 1001-1 AO
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Dennis Ryan			Date of Receipt
	Mailing Address 230 20th St. S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZXK7166403
	La Crosse  FEC ID number of contributing federal political committee.	C	54601-4215	Amount of Each Receipt this Period  365.00
	self	Occupation	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.00	
s	UBTOTAL of Receipts This Page (optional)			1730.00
т.	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 96 (check only one)    X   11a
An or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
<b>A</b> .	Full Name (Last, First, Middle Initial) Edwin Hurlbut Ryan Mailing Address 7760 France Avenue S Sui	ite 310		Date of Receipt  1 1 2 2 2 2 0 0 5
	City Minneapolis	State MN	Zip Code 55435-3216	Transaction ID: 48XR39323233  Amount of Each Receipt this Period
	FEC. ID as well as of a satisfaction	C	33433-3210	500.00
	self	Occupation Ophthalm Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Stephen Ryan Mailing Address Doheny Eye Institute 1450 San Pablo Street Roc	om 5900		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EUZZZD220146
	Los Angeles  FEC ID number of contributing federal political committee.	CA	90033-4500	Amount of Each Receipt this Period  365.00
	solf '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
 C.	Full Name (Last, First, Middle Initial) Carolyn Sakauye			Date of Receipt
	Mailing Address Eye Medical Clinic of Fresno Inc 1360 E Herndon Avenue #301			11 1 16 2005
	City Fresno	State CA	Zip Code 93720-3326	Transaction ID: EV08XX970534  Amount of Each Receipt this Period
	rederal political committee.	С		365.00
	self	occupation Ophthalm	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1230.00
T	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\frac{\tilde{y}}{y}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir			
۹.	Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address Suite 100			Date of Receipt
	City	State	Zip Code	1 1 1 7 2 0 0 5 Transaction ID: EV0AQE662611
	Ardmore	PA	19003-2316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Kirk Scattergood			Date of Receipt
	Mailing Address 2253 W Mason Street  City	1 1 2 7 2 0 0 5		
	Green Bay	State WI	Zip Code 54303-4706	Transaction ID: 48825-22816103696823
	FEC ID number of contributing federal political committee.	C	34303-4700	Amount of Each Receipt this Period  125.00
	Name of Employer self	Occupation Ophthaln	nologist	PAC 4th of 4
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Daniel Schaefer			Date of Receipt
	Mailing Address 4590 Main Street			1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Buffalo	State NY	Zip Code	Transaction ID: EV07VZ875374
		INT	14226-4548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self  Receipt For:	Occupation Ophthaln		
	Primary General Other (specify)	Aggregate	730.00	
s	UBTOTAL of Receipts This Page (optional)		·····	740.00
T	OTAL This Period (last page this line number or		<b>&gt;</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 96 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)		
<u>′</u> •	Full Name (Last, First, Middle Initial)				
<b>4.</b>	Barry Scher Mailing Address 681 Third Avenue			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
	City	State	Zip Code	Transaction ID: EV07VZ521888	
	Chula Vista	CA	91910-5703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		600.00		
3.	Full Name (Last, First, Middle Initial) David Schwartzfarb			Date of Receipt	
	Mailing Address 5162 Linton Boulevard S	11 / 12 / 2005			
	City	State	Zip Code	Transaction ID: 1U7IL69T20VEH	
	Delray Beach	FL	33484-6567	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00  PACWEB GENERATED CONTRIBU-	
	Name of Employer self	Occupation Ophthaln	nologist	TION	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<b>D.</b>	Full Name (Last, First, Middle Initial) Michael Scott			Date of Receipt	
	Mailing Address 1825 Cannon Street			11 09 2005	
	City	State	Zip Code	Transaction ID: EUZZZD331876	
	<u>Dubuque</u>	IA	52003-7904	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC	
	Name of Employer self	Occupation Ophthaln	nologist	Datel 1001-1 AC	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 730.00		
S	UBTOTAL of Receipts This Page (optional)			1115.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 96
TEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology		· ·	
Full Name (Last, First, Middle Initial) Bradley Seely Mailing Address Suite 120 341 Medical Loop City Roseburg FEC ID number of contributing federal political committee.  Name of Employer self Receipt For:	State OR C Occupatio Ophthalr Aggregate		Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	riggrogati	250.00	
Full Name (Last, First, Middle Initial) James Sharp Mailing Address 103 West Colt Square	Drive		Date of Receipt
City Fayetteville	State AR	Zip Code 72703-2835	Transaction ID: EUZZZD804135  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00  Batch Tool - PAC
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupatio Ophthaln Aggregate		
Full Name (Last, First, Middle Initial) Richard Sherry Mailing Address Suite 234			Date of Receipt
2500 Grubb Road	State	Zip Code	1 1 1 6 2 0 0 5 Transaction ID: 48752-40607851743698
Wilmington  FEC ID number of contributing federal political committee.	DE C	19810-4799	Amount of Each Receipt this Period 91.25
Name of Employer self	Occupatio Ophthalr	nologist	PAC4th of 4
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1341.25
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Edward Shubert			Date of Receipt
	Mailing Address Suite 121 17115 Red Oak Drive		7.0.	1 1 0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Houston	State TX	Zip Code 77090-2641	Transaction ID: EUZXK7826335  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77000 2041	365.00
	·	0		Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		615.00	
3.	Full Name (Last, First, Middle Initial) Harris Silverman			Date of Receipt
	Mailing Address 6002 Pointe West Boulev			11 08 7 2005
	City	State	Zip Code	Transaction ID: EUZXK7851665
	Bradenton  FGC ID graphs and a particular triangle.	FL	34209-5531	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  Batch Tool - PAC
	Name of Employer self	Occupation		Batch 1001 - PAC
	Receipt For:	Ophthaln Aggregate	e Year-to-Date <b>V</b>	-
	Primary General	33 -3		
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) J. Geoffrey Slingsby			Date of Receipt
	Mailing Address 240 Minnesota Street			11 09 7 2005
	City	State	Zip Code	Transaction ID: EUZZZD784251
	Rapid City	SD	57701-6200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	965.00
	. 5 (1 7		<u> </u>	
T	OTAL This Period (last page this line number onl	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
<b></b>	Full Name (Last, First, Middle Initial) Stanley Sliwinski Mailing Address 208 Old Mocksville Road City Statesville  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Brian Smith Mailing Address 138 W Avon Parkway  City Asheville  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General	State NC  Occupation Ophthaln Aggregate  State NC  C  Occupation Ophthaln	Zip Code 28625-1930 n nologist e Year-to-Date ▼ 365.00 Zip Code 28804-1410	Date of Receipt    M   M   O   O   O   O   O   O
<b>D.</b>	Full Name (Last, First, Middle Initial) Paul Smith Mailing Address 2315 Davison Avenue  City Richland  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: □ Primary □ General Other (specify) ▼	State WA  C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			706.25
Т	OTAL This Period (last page this line number on	v)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
A. 3.	self	State NH C Occupation Ophthaln Aggregate		Date of Receipt  M M M / 21 / 2005  Transaction ID: 48752-93502444028855  Amount of Each Receipt this Period  91.25  PAC 3rd of 4
	Mailing Address 3436 Longfellow Boulevard  City  St. Louis  FEC ID number of contributing federal political committee.  Name of Employer self	State MO C C C C C C C C C C C C C C C C C C		Transaction ID: EUZN1Y696506  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
<b>)</b> .	self	State NC C Occupation Ophthaln Aggregate		Date of Receipt  M M M / 22 / 2005  Transaction ID: 48XR39860565  Amount of Each Receipt this Period  300.00  Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			756.25
Т	OTAL This Period (last page this line number only	)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) R. Keith Stevens  Mailing Address the Eye Center 401 Meridian St. N Suite  City  Huntsville  FEC ID number of contributing federal political committee.  Name of Employer self	State AL  C  Occupation Ophthaln	nologist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial)  Michael Stiles  Mailing Address Suite 105 1010 Carondelet Drive  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer self	State MO C Occupation Ophthaln		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Jonathan Stock Mailing Address 703 14th Street  City Baraboo  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State WI  C  Occupation Ophthaln Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1500.00
т.	OTAL This Period (last page this line number on	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
_			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Scott Strelow			Date of Receipt
	Mailing Address 5770 Club Lane			11 20 7 2005
	City	State	Zip Code	Transaction ID: 14EV0G21JCOOU1
	Roanoke	VA	24018-1004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		865.00	
3.	Full Name (Last, First, Middle Initial) Shigemi Sugiki			Date of Receipt
	Mailing Address 1380 Lusitana Street Sui	te 714		1 1 1 8 2 0 0 5
	City	State	Zip Code	Transaction ID: EV0CFD359235
	Honolulu	HI	96813-2443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthalm		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Charles Sung			Date of Receipt
	Mailing Address 317 N Delaware Street			11 04 2005
	City	State	Zip Code	Transaction ID: EUZXEC972668
	Kennewick	WA	99336-7750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		365.00	
S	UBTOTAL of Receipts This Page (optional)			1730.00
T-	OTAL This Period (last page this line number on	lv)		
٠,٠	PIAL THIS I CHOO (IASE PAYE THIS HITE HUMBER OF	y,	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Ir	no Political	Committee (ODUTUDAC)	
	American Academy of Ophthalmology in	ic Fuilicai	Committee (OFTTTIFAC)	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
Α.	Jerome Swale  Mailing Address 264 Fox Trail			Date of Receipt
				11 08 2005
	City	State	Zip Code	Transaction ID: EUZXEC781731
	Bourbonnais	IL	60914-1735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation	n	Batch Tool - PAC
		Ophthaln		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
_				
В.				Date of Receipt
	Mailing Address Suite 240 27 S State Street			1 1 0 3 2 0 0 5
	City	State	Zip Code	Transaction ID: EUZOK4817453
	Lake Oswego	OR	97034-3935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	 n	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	' '	1365.00	
	cana (spans), •	0 0	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Terry Talley Mailing Address 201 West Iowa Street			Date of Receipt
				11 18 2005
	City	State	Zip Code	Transaction ID: EV0CFD135729
	Evansville	IN	47710-1721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	365.00	
	Other (specify) \		0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			1615.00
$\vdash$	or resorbte time rage (optional)			
т	OTAL This Period (last page this line number on	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) James Tammaro  Mailing Address PO Box 3360  City  Lake Havasu City  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State AZ  C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D M 2 0 0 5  Transaction ID: EUZXK7248369  Amount of Each Receipt this Period  500.00  Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Alvin Tao  Mailing Address PO Box 5545  City  Lafayette  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State IN C Occupation Ophthaln Aggregate		Date of Receipt  M M M / 21 / 2005  Transaction ID: 48XPIF468447  Amount of Each Receipt this Period  300.00  Batch Tool - PAC
C.	Full Name (Last, First, Middle Initial) Thomas Teather  Mailing Address Suite A 1478 Highland Avenue  City Melbourne  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State FL  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1165.00
TC	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)	na Dalitiaal	I Committee (ODLITHDAC)	
_	American Academy of Ophthalmology Ir	ic Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) E. Winston Trice			Date of Receipt
	Mailing Address Virginia Eye Instit 400 Westhapton Station			11 16 2005
	City	State	Zip Code	Transaction ID: EV08XX946845
	Richmond	VA	23226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) David Ugland			Date of Receipt
	Mailing Address 135 S Sharon Amity Roa	1 1 1 1 4 2 0 0 5		
	City	State	Zip Code	Transaction ID: EV066K925517
	Charlotte	NC	28211-2842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Horizon Eye Care	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		465.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Peter Utrata			Date of Receipt
	Mailing Address Suite 320 262 Neil Avenue			11 1 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Columbus	State OH	Zip Code 43215-7309	Transaction ID: 48752-46299380064011
	FEC ID number of contributing		40210-7009	Amount of Each Receipt this Period
	federal political committee.	C		91.25 PAC 3rd of 4
	Name of Employer self	Occupation Ophthaln		1 AO 314 014
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		273.75	
S	JBTOTAL of Receipts This Page (optional)			706.25
T	OTAL This Period (last page this line number or	nly)	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 96 (check only one)    X   11a
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Peter Arthur Van Houten  Mailing Address East Carolina Retina Cor 2501 A Stantonsburg Ro			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1UI8IO9AB0VEI
	Greenville FEC ID number of contributing federal political committee.	C	27834-7213	Amount of Each Receipt this Period  250.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		PACWEB GENERATED CONTRIBU-
Full Name (Last, First, Middle Initial) James Vander  Mailing Address 910 East Willow Grove Avenue				Date of Receipt  1 1 2 2 2 2 0 0 5
	City	State	Zip Code	Transaction ID: 1USY0MBJRX848
	Wyndmoor	PA	19038-7910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation	nologist	PACWEB GENERATED CONTRIBU- TION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Mark John Vocci			Date of Receipt
	Mailing Address 34324 Park Lane			1 1 1 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Leesburg	State FL	Zip Code 34788-3509	Transaction ID: EV0CPK789316
	FEC ID number of contributing federal political committee.	C	34/66-3309	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 565.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
т.	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 96 (check only one)
			Detailed Summary Fage	13 14 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may le and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Michael Vrabec			Date of Receipt
	Mailing Address Valley Eye Associates 21 Park Place			1 1 2 7 2 0 0 5
	City	State	Zip Code	Transaction ID: 48825-59884279966354
	Appleton	WI	54914-8872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.25
	a olf	Occupation Ophthalm		PAC 4th of 4
		<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		615.00	
3.	Full Name (Last, First, Middle Initial) Michael Vrabec			Date of Receipt
	Mailing Address Valley Eye Associates 21 Park Place			11 08 2005
	City	State	Zip Code	Transaction ID: EUZXK7789857
	Appleton	WI	54914-8872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00  Batch Tool - PAC
	colf	Occupation Ophthalm		Batch 1001 - PAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		615.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Jonathan Walker			Date of Receipt
	Mailing Address Suite 300 7900 W Jefferson Boulevan			111 / 22 / Y Y Y Y Y Y
	City Fort Wayne	State IN	Zip Code	Transaction ID: 48XR39708916
	FEO ID combined to antitle the re-	1 1	46804-4128	Amount of Each Receipt this Period
		С		1000.00  Batch Tool - PAC
	self	Occupation Ophthalm	nologist	Baltin 1001 - FAC
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1341.25
	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 96
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) <b>A.</b> W. Lee Wan			Date of Receipt
Mailing Address Suite 200 1700 N Rose Avenue			11 03 7 2005
City	State	Zip Code	Transaction ID: 44567-40943545103073
Oxnard	CA	93030-3790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Coastal Eye Specialists	Occupation	n	PAC 3rd of 4
	Ophthaln		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial)  3. Marshall Wareham			Date of Receipt
Mailing Address 2540 Rose Ridge Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 1U4CZUK7LZUE7
Centerville	ОН	45459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
			PACWEB GENERATED CONTRIBU-
Name of Employer Allied Eye Physicians and	Occupation		TION
Surgeons; In	Ophthaln	nologist e Year-to-Date <b>V</b>	_
Receipt For: Primary General	Aggregate	e real-lo-Dale V	
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  C. Michael Warner			Date of Receipt
Mailing Address PO Box 86			Date of Neceipt
			11 14 2005
City <u>Hermiston</u>	State OR	Zip Code 97838-0086	Transaction ID: EV066K469543
FEC ID number of contributing		37000-0000	Amount of Each Receipt this Period
federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
☐ Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)		·····	990.00
TOTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	_	PAGE 82/96
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 1	I1c
-			Detailed Summary Page		15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting solicit contributions from suc	contributions ch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) John Waters			Date of Receipt	
	Mailing Address 5055 W Bristol Road			11 09	2005
	City	State	Zip Code	Transaction ID: EUZ	
	Flint	MI	48507-2922	Amount of Each Recei	of this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Neil Lawrence Watkins			Date of Receipt	
	Mailing Address Suite 7 650 Grant Street			1 1 1 1 3	2005
	City	State	Zip Code	Transaction ID: 4456	7-70318239927292
	Gary	IN	46404-1533	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	С			91.25
	Name of Employer self	Occupatio	n	PAC 3rd of 4	
		Ophthaln			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		273.75		
<u> </u>	Full Name (Last, First, Middle Initial) Gary Weiner			Date of Receipt	
	Mailing Address 18 Crestview Drive			M M / D D / 29	2005
	City	State	Zip Code	Transaction ID: 48Y1	MS040106
	Salina	KS	67401-3586	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)				1391.25
			•		
Т	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Gary Weinstein Mailing Address Pttsburgh Oculoplastic A 3471 Fifth Avenue	ssociates		Date of Receipt  1 1 0 8 2 0 0 5
	City	State	Zip Code	Transaction ID: EUZXMI477596
	Pittsburgh  FEC ID number of contributing federal political committee.	PA C	15213-3215	Amount of Each Receipt this Period  365.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
Full Name (Last, First, Middle Initial) Daniel Welch Mailing Address 407 Avenue K Southeast				Date of Receipt  1 1 0 9 2 0 0 5
	City	State	Zip Code	Transaction ID: EUZZZD226883
	Winter Haven	FL	33880-4126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Datch 1001 - PAC
	Receipt For:  Primary General  Other (specify) ▼	•	e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Craig Wells			Date of Receipt
<b>J</b> .	Mailing Address Vitreo-Retinal Associates 1221 Madison Street Suit	e 1002		11 1 1 4 2005
	City Seattle	State WA	Zip Code 98104-1380	Transaction ID: EV066K382243  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30104-1300	1000.00
	Name of Employer self	Occupation	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1365.00	
SI	UBTOTAL of Receipts This Page (optional)		·····	2365.00
т	OTAL This Period (last page this line number on	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 96 (check only one)    X
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
<b>A</b> .	Natchitoches  FEC ID number of contributing federal political committee.  Name of Employer self  Octoor	<u> </u>	Zip Code 71457-5725  n nologist e Year-to-Date ▼  865.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	New Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer self  October 1997  October 1997	State OH Ccupation	Zip Code 44663-7104  nologist Year-to-Date ▼ 365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>)</b> .	Avon  FEC ID number of contributing federal political committee.  Name of Employer self  Octoor	State IN Ccupation	Zip Code 46123  nologist e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1365.00
т	OTAL This Period (last page this line number only) .		<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 96							
TEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12							
Ar	ly information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions							
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.							
$\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)								
۹.	Full Name (Last, First, Middle Initial) Thomas Whitaker			Date of Receipt							
	Mailing Address 900 Med Circle			11 07 2005							
	City	State	Zip Code	Transaction ID: 44567-92443484067917							
	Myrtle Beach	SC	29572-4114	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		625.00							
	Name of Employer self	Occupation		PAC 3rd of 4							
	Receipt For:	Ophthaln	Year-to-Date <b>V</b>	-							
	Primary General Other (specify) ▼	Aggregate	1875.00								
3.	Full Name (Last, First, Middle Initial) Stephen Whiteside			Date of Receipt							
	Mailing Address Eye Center of Central Text 1817 Southwest Dodgen			11 24 2005							
	City	State	Zip Code	Transaction ID: 48802-62134951353073							
	Temple	TX	76502-1815	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		91.25							
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4							
	Receipt For:		Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼		365.00								
Э.	Full Name (Last, First, Middle Initial) Julia Whiteside-De Vos			Date of Receipt							
	Mailing Address 2984 Brighton Road			111 16 2005							
	City	State	Zip Code	Transaction ID: EV09HB737827							
	Shaker Heights	OH	44120-1721	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
s	UBTOTAL of Receipts This Page (optional)			1716.25							
_	OTAL This Period (last page this line number onl	w									
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 86/96
	EMIZED RECEIPTS		or each category of the	(check only one)	<b>□</b> 44. □ 45
•			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Ar	ry information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Jeffrey Whitman			Date of Receipt	
	Mailing Address 2801 Lemmon Avenue S	te# 400		M M / D D D 1 1 1 0 8	
	City	State	Zip Code	Transaction ID: E	UZXK7727638
	Dallas	TX	75204-2399	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer	Occupation	n	Batch Tool - PAC	;
	Name of Employer self	Ophthaln			
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
3.	Full Name (Last, First, Middle Initial) David Williams			Date of Receipt	
	Mailing Address Vitreoretinal Surgery; Pa		1	M M / D D	/ Y 'Y 'Y 'Y
	7760 France Avenue S S		7'- 0-1-	11 08	
	City	State	Zip Code	Transaction ID: E	
	Minneapolis ( )	MN	55435-3216	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	·	0		Batch Tool - PAC	;
	Name of Employer self	Occupation Ophthaln			
	Receipt For:		Year-to-Date ▼	+	
	Primary General	29 79-11		ıl	
	Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Catherine Wisda			Date of Receipt	
	Mailing Address 1318 S Main Road #A2			M M / D D	
				11 21	2005
	City	State	Zip Code	Transaction ID: 4	
	Vineland	NJ	08360-6516	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer self	Occupation		Batch Tool - PAC	;
		Ophthaln	<u> </u>	_	
	Receipt For:	Aggregate	e Year-to-Date ▼	. ]	
	Primary General Other (specify) ▼		500.00		
		-			
s	UBTOTAL of Receipts This Page (optional)		1500.00		
			<u> </u>		
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 96 (check only one)							
	EMIZED RECEIPTS	FD RECEIPTS or each category of the									
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17							
Δr	ny information copied from such Reports and State	tements may	y not he sold or used by any ners								
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.							
$\setminus$	NAME OF COMMITTEE (In Full)										
	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	_							
A.	Full Name (Last, First, Middle Initial) Brian Wnorowski			Date of Receipt							
	Mailing Address 1404 Winesap Drive			11 08 2005							
	City	State	Zip Code	Transaction ID: 1YA8UPG3YZUEL							
	Manasquan	NJ	08736	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer self	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION							
	Receipt For:		Year-to-Date <b>V</b>								
	Primary General	00 0		1							
	Other (specify)		1000.00								
В.	Full Name (Last, First, Middle Initial) Keye Luc Wong			Date of Receipt							
	Mailing Address 3400 Bee Ridge Road S	uite 200		1 1 1 8 2 0 0 5							
	City	State	Zip Code	Transaction ID: EV0CFD472875							
	Sarasota	FL	34239-7223	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC							
	Receipt For:		Year-to-Date ▼								
	Primary General	00 0		1							
	Other (specify)		365.00								
<u>С</u> .	Full Name (Last, First, Middle Initial) George Wyhinny			Date of Receipt							
	Mailing Address 1875 W Dempster			1 1 2 2 2 2 0 0 5							
	City	State	Zip Code	Transaction ID: 48XR39547222							
	Park Ridge	IL	60068-1186	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC							
			Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	500.00								
	UBTOTAL of Receipts This Page (optional)			1365.00							
$\vdash$	ODITIO OF TOO OF THIS T AGE (OPTIONAL)	•••••									
Ιт	OTAL This Period (last page this line number or	ılv)									

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 88 / 96 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Scott Zeigen Date of Receipt Mailing Address Suite 202-B 21 2005 1.1 130 Almshouse City State Zip Code Transaction ID: 5K48XQ1WLUSQU1 Richboro PA 18954-1100 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. PACWEB GENERATED CONTRIBU-Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date 🔻 Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Zimmerman Date of Receipt Mailing Address Black Hills Reg Eye Institute 09 2005 2800 3rd Street City Zip Code Transaction ID: EUZZZD967882 State Rapid City SD 57701-7374 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Batch Tool - PAC Occupation Name of Employer Ophthalmologist Receipt For: Aggregate Year-to-Date ▼

365.00

SUBTOTAL of Receipts This Page (optional)	•	865.00
TOTAL This Period (last page this line number only)	<b>•</b>	109060.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 96 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Union Bank Mailing Address 400 California Street  City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
San Francisco  FEC ID number of contributing federal political committee.  Name of Employer	CA 94104 C Occupation	Amount of Each Receipt this Period  55.26  MM interest 11/05
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 505.69	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	55.26
TOTAL This Period (last page this line number only)	•	55.26

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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 90/96
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology In	c Political Committee (OPH)	THPAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 030	01880512164859110
۹.	Union Bank			Date of Disbursemen	nt
	Mailing Address 400 California Street			111 / 30	2005
	City San Francisco	State Zip Code CA 94104		Amount of Each Disl	bursement this Period
	Purpose of Disbursement Bank charges 11/05				1348.35
	Candidate Name		Category/ Type		
	Office Sought: House Disburs Senate President	sement For: Primary General Other (specify)			
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	•	1348.35
TOTAL This Period (last page this line number only)	<u> </u>	1348.35

		Use seperate schedule(s)		check o	nly one)						91/8	0	
ľ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Á	22 28a	_	23 28b	24 28c	R	25 29	П	26 30b
	y Information copied from such Reports and Stater											5	
or 1	for commercial purposes, other than using the name	ne and address of any political o	comn	nittee to s	solici	t contri	butic	ns fro	m such o	comr	nittee		
	NAME OF COMMITTEE (In Full)												
/	American Academy of Ophthalmology Inc	: Political Committee (OPF	НТН	PAC)									
	Full Name (Last, First, Middle Initial)					Transa	actio	n ID:	246206	051	11656	3405	583
۹.	Bilirakis for Congress					Date o	f Dis			/ · V	V	V	
	Mailing Address 610 S Boulevard					1"1"		<sup>D</sup> 1	7	2	0 Ď 5		
	City	State Zip Code				Amour	nt of	Each	Disburse	emen	t this P	erio	d
	Tampa Purpose of Disbursement	FL 33606								1	000.0	00	
	2006 Primary						_			-		-	
	Candidate Name Bilirakis Gus			egory/ ype									
		ement For: 2006											
	Senate X	<ul><li>✓ Primary General</li><li>Other (specify) ▼</li></ul>											
	State: FL District: 09	_ care (opecary) •											
	Full Name (Last, First, Middle Initial)					Transa	actio	n ID:	481613	051	11656	3473	347
3.	Clay Jr. for Congress					Date o		burse	ment				, , ,
	Mailing Address PO Box 4544 Suite 300					1 1		1	7 /	2	0 Ď 5		
	City St. Louis	State Zip Code MO 63108				Amour	nt of	Each	Disburse	emen	t this P	erio	d
	Purpose of Disbursement 2006 Primary					<u></u>				. 1	0.00	00	
	Candidate Name Clay William			egory/ ype									
	Senate X President	ement For: 2006  ( Primary General Other (specify)											
	State: MO District: 01 Full Name (Last, First, Middle Initial)												
Э.	Friends of Clay Shaw					Date o	f Dis	burse	279973 ment				780
	Mailing Address PO Box 2188 2600 NE 14Th. Street C	auseway				11	/	<sup>D</sup> 2	2 /	Ž	0 0 5	Y	
	City Fort Lauderdale	State Zip Code FL 33303				Amour	nt of	Each	Disburse	emen	t this P	erio	d
	Purpose of Disbursement 2006 Primary			-						1	0.000	00	
	Candidate Name Shaw E.			egory/ ype									
	Senate X President	ement For: 2006  ( Primary General Other (specify)											
	State: FL District: 22												
s	UBTOTAL of Disbursements This Page (optional)			<b>•</b>						3	0.000	0	
T	OTAL This Period (last page this line number only	·)											

S	CHEDULE B (FEC Form 3X)	lise sene	FOR LINE NUMBER: PAGE S									92 /	92 / 96			
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page				checl	k only h	one) ] 22		23		7 24	Г	25		26
		Detailed	Summary Page			27		28a		28b	L	28	c 🗀	29		30b
	y Information copied from such Reports and State for commercial purposes, other than using the nam														ıs	
	NAME OF COMMITTEE (In Full)	ie and addres	ss of any political	COII		iillee	10 3011	CIL COITE	ibut	10113 1		Suci	1 COIII	milloc		
$ \rangle$	American Academy of Ophthalmology Inc	Committee (OP	ΉΤΙ	H	PAC)											
$\angle$	Full Name (Last, First, Middle Initial)		Transaction ID: 70953905112247216											0.1.0		
A.	Friends of Conrad Burns - 2006							Trans Date		-			39051	11224	/21	616
	Mailing Address PO Box 1596							1 <sup>M</sup> 1	М	/ D	2 2	′	Y 2	ž 0 Ď	5 <sup>Y</sup>	
	City Helena	State MT	Zip Code 59624					Amou	int o	f Eac	n Di	sbur	semer	nt this	Perio	d
	Purpose of Disbursement 2006 Primary			Γ	·		7				-			1000.	00	
	Candidate Name Burns Conrad			С		egory ype	′									
	* H	ement For: Primary Other (spe	2006 General													
	State: MT District: 00															
В.	Full Name (Last, First, Middle Initial) Friends of Dave Weldon							Trans Date	of D				25051	11103	380	077
	Mailing Address PO Box 968							1 <sup>M</sup> 1	М	/ D	1 0		Y 2	žοŏ	5 <sup>Y</sup>	
	City Melbourne	State FL	Zip Code 32902					Amou	int o	f Eac	n Di	sbur		nt this		d
	Purpose of Disbursement 2006 Primary			Γ			7		_	_		_		1000.	00	
	Candidate Name Weldon Dave			С		egory. ype	/									
		ement For: C Primary Other (spe	2006 General													
	State: FL District: 15															
C.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson							Trans Date					95051	11165	659	853
	Mailing Address 1611 Avenue K							111 / D17 / Y2005								
	City Plano	State TX	Zip Code 75074					Amou	int o	f Eac	n Di	sbur		nt this		d
	Purpose of Disbursement 2006 Primary									_	-			1000.	00	
	Candidate Name Johnson Sam			С		egory. ype	/									
	9 1	ement For: C Primary Other (spe	2006 General													
									-	-				0000	00	$\overline{}$
s	UBTOTAL of Disbursements This Page (optional)						<u> </u>	<u></u>	_	_	_	_		8000.	ŲŪ	_
l۰	OTAL This Period (last page this line number only	')					•			,						

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem							5
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to so	IICIL CONTRIBU	lions from	n such co	ommittee	
American Academy of Ophthalmology Inc	Political Committee (OPH)	ГНРАС)					
Full Name (Last, First, Middle Initial)			Transact	ion ID: 3	3778270	)5110144	122940
A. Hastert for Congress Committee			Date of D			V V V	V
Mailing Address PO Box 625			1 1	0 1	Ĭ	ž 0 ŏ 5	
City Batavia	State Zip Code IL 60510		Amount of	of Each D	Disbursen	nent this F	eriod
Purpose of Disbursement	IL 60510					5000.0	00
2006 Primary							
Candidate Name Hastert J.		Category/ Type					
Senate	ment For: 2006 Primary General						
State: IL District: 14	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: 3		)5110144	131723
3. Jon Kyl for U S Senate			Date of D	_			
Mailing Address PO Box 10246			11	0 1		ž 0 ŏ 5	
City Phoenix	State Zip Code AZ 85064		Amount	of Each D	Disbursen	ment this F	-
Purpose of Disbursement 2006 Primary			L			1000.0	00
Candidate Name Kyl Jon		Category/ Type					
° H	ment For: 2006 Primary General Other (specify)						
State: AZ District: 00							
Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate			Transact Date of D	-		)5111656	665495
Mailing Address PO Box 10246			1 1 M	17	7 / Y	ž 0 ŏ 5	Y
City Phoenix	State Zip Code AZ 85064		Amount o	of Each D	Disbursen	nent this F	eriod
Purpose of Disbursement 2006 Primary		• •				1500.0	00
Candidate Name Kyl Jon		Category/ Type					
· —	ment For: 2006 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)						7500.0	0
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TOTAL This Period (last page this line number only)							

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check of		NUMBER: / one)			PAGE 94/96		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	2		23 28b	24 28c	25		26 30b
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	minilitee to	SUIICIT C	OHUHDU	uons m	JIII SUCI	COMMINE	<del>,</del>	
American Academy of Ophthalmology Inc	Political Committee (OPH	THPAC)							
Full Name (Last, First, Middle Initial)			1			856648	3051110	03369	870
Mike Thompson for Congress				M M	Disburse / D		v • v •	v v	
Mailing Address 5429 Madison Avenue				1 1 1 1	1	0 /	Ý 200	5 5	
	State Zip Code CA 95841		Aı	mount o	of Each	Disburse	ement th	s Perio	od
Purpose of Disbursement	OA 93041		- [				100	0.00	
2006 Primary									
Candidate Name Thompson Mike		Category/ Type							
X	ment For: 2006 Primary General								
President State: CA District: 01	Other (specify) ▼								
Full Name (Last, First, Middle Initial)			T.,		ian ID.	440500	2051111	25050	
3. Pryce for Congress			D	ate of D	Disburse				35/8
Mailing Address 145 East Rich Street				M M   1	/ <b>1</b>	7 /	žo	5 5	
,	State Zip Code OH 43215		Aı	mount o	of Each	Disburse	ement th	s Perio	od
Purpose of Disbursement 2006 Primary	[		T L				250	0.00	
Candidate Name Pryce Deborah	-	Category/ Type							
Office Sought:  X House Senate X President	ment For: 2006 Primary General Other (specify)								
State: OH District: 15									
Full Name (Last, First, Middle Initial)  Sue Myrick for Congress					t <b>ion ID:</b> Disburse	080689 ement	9051110	03392	2547
Mailing Address PO Box 37091				м м I <b>1</b>	/ <b>1</b>	0 /	žo	Ď 5 <sup>°</sup>	
,	State Zip Code NC 28237		Aı	mount o	of Each	Disburse	ement th	s Perio	od
Purpose of Disbursement 2006 Primary		0	T L				100	0.00	
Candidate Name Myrick Sue	-	Category/ Type							
Office Sought:  X House Senate President State: NC District: 09	ment For: 2006 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional) .			Ī		v .		450	0.00	
				-			-		=
<b>TOTAL</b> This Period (last page this line number only)			· L						

0	CHEDIII E B /EEC Form 3	<b>V</b>			
	CHEDULE B (FEC Form 3	' Use seperate schedule(	s) FOR LINE (check only	NUMBER:	PAGE 95/96
IT	<b>EMIZED DISBURSEMEN</b>			<u> </u>	24
		Detailed Summary Page	'     =   216   =		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
An	y Information copied from such Reports	and Statements may not be sold or us			
	for commercial purposes, other than usir				
Ν	NAME OF COMMITTEE (In Full)				
17	American Academy of Ophthalmo	ology Inc Political Committee (C	PHTHPAC)		
$\mathbb{L}$					
^	Full Name (Last, First, Middle Initial)			Transaction ID: 334	47680511103385811
A.	Virginia Foxx for Congress			Date of Disbursemer	nt
	Mailing Address PO Box 1100	M M / D D D D D D D D D D D D D D D D D	<sup>'</sup> 2005		
	Mailing Address PO Box 1100		. = 0 0 0		
	City	State Zip Code		Amount of Each Dish	bursement this Period
	Clemmons	NC 27012			
	Purpose of Disbursement				1000.00
	2006 Primary				
	Candidate Name		Category/		
	Foxx Virginia		Туре		
	Office Sought: X House	Disbursement For: 2006			
	Senate	X Primary Genera	I		
	President	Other (specify)			
	State: NC District: 05				
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 287	76490511165624614
	Wally Herger for Congress Comm	Date of Disbursemer	nt		
	Mailing Address PO Box 1500			M M / D D D 1 7	<sup>'</sup> 2005
	Mailing Address PO Box 1500				
	City	State Zip Code		Amount of Each Disk	bursement this Period
	Chico	CA 95927			
	Purpose of Disbursement		1500.00		
	2006 Primary				
	Candidate Name Herger Wally	Category/			
			Туре		
	Office Sought: X House	Disbursement For: 2006			
	Senate	X Primary Genera	I		
	State: CA District: 02	Other (specify)			
	State. CA DISTRICT. UZ				

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	20500.00

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Form/Schedule: <b>F3XA</b> Transaction ID:	This amended report includes previously missing Employer and Occupation information requred for Itemized Reciepts.				